County: Beaufort

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee | Licensed Unit |
|--|---|-------------------|
| BAYVIEW MANOR LLC | NCF-0898 / 05/31/2009 | 170 |
| 11 TODD DR | Beaufort / Ltd. Liability | |
| BEAUFORT, SC 29902-1103 | PO BOX 1103 | |
| SYNDER, GARY PH#: | BEAUFORT, SC 29901-1103 | |
| Fac. Cont. Email:No Fac Cont. email on record | BAYVIEW MANOR LLC | |
| Licensed Beds Nursing Home 170 Institution | nal Nursing Home 0 | |
| Certifications:None | | |
| BROAD CREEK A CLASSIC RESIDENCE BY HYATT CARE CENTER | NCF-0753 / 07/31/2009 | 25 |
| 801 LEMON GRASS CT | Beaufort / Corporation | |
| HILTON HEAD ISLAND, SC 29928-0000 | 801 LEMON GRASS CT | |
| THAXTON, LYNN A PH#: 843-341-7300 | HILTON HEAD ISLAND, SC 29928 | |
| Fac. Cont. Email:LTHAXTON@HYATTCLASSIC.COM | CC-HILTON HEAD INC | |
| Licensed Beds Nursing Home 25 Institution | aal Nursing Home 0 | |
| Certifications:Alzheimer Care | | |
| FRASER HEALTH CARE | NCF-0414 / 09/30/2009 | 33 |
| 300 WOODHAVEN DR | Beaufort / Corporation | |
| HILTON HEAD, SC 29928-4684 | 300 WOODHAVEN DR | |
| MILLER, LINDA D PH#: 843-842-3747 | HILTON HEAD ISLAND, SC 29928 | |
| Fac. Cont. Email:LMILLER@HARGRAY.COM | SEABROOK OF HILTON HEAD INC THE | |
| Licensed Beds Nursing Home 19 Institution | nal Nursing Home 14 | |
| Certifications:None | | |
| LIFE CARE CENTER OF HILTON HEAD | NCF-0725 / 05/31/2009 | 88 |
| 120 LAMOTTE DR | Beaufort / Corporation | |
| HILTON HEAD ISLAND, SC 29925-2259 | 120 LAMOTTE DR | |
| HARDY JR, JAMES M PH#: 843-681-6006 | HILTON HEAD ISLAND, SC 29926 | |
| Fac. Cont. Email:JIM_HARDY@LCCA.COM | LIFE CARE CENTERS OF AMERICA INC | |
| Licensed Beds Nursing Home 88 Institution | aal Nursing Home 0 | |
| Certifications:None | | |
| PRESTON HEALTH CENTER | NCF-0576 / 04/30/2009 | 77 |
| 87 BIRDSONG WAY | Beaufort / Limited Liability Li | mited Partnership |
| HILTON HEAD ISLAND, SC 29926-1365 | 87 BIRD SONG WAY | |
| ELLIOTT, AMANDA J PH#: 843-689-7077 | HILTON HEAD ISLAND, SC 29926 | |
| Fac. Cont. Email: ELLIOTTAMANDA@LCSNET.COM | CYPRESS OF HILTON HEAD ISLAND ASSOC | IATES L P THE |
| Licensed Beds Nursing Home 69 Institution | al Nursing Home 8 | |
| Certifications:Alzheimer Unit | | |

County: Beaufort

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

| Totals For Facility/License Type Nursing Home | | | |
|---|-----------------------------------|-----------------|---|
| Number of Activities/Facilities licensed: 5 | Number Licensed Units | 393 | |
| Number of Activities/Facilities licensed in county of | Beaufort Number Licensed Units | # Lics : 393 | 5 |

County: Berkeley

Facility Type: Nursing Home

Facility Name License Nbr/Expiration Date Location Street County/Ownership Typ Mailing/Billing Addres Location City, State Administrator/Phone Licensee

Licensed Unit

105

HEARTLAND HEALTH CARE CENTER - CHARLESTON NCF-0526 / 12/31/2009

Berkeley / Limited Liability

1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 1800 EAGLE LANDING BLVD COURY, WILLIAM V PH#: 843-553-0656 HANAHAN, SC 29406-8517

Fac. Cont. Email:4015-ADMIN@HCR-MANORCARE.COM HEARTLAND-CHARLESTON OF HANAHAN SC LLC

Licensed Beds Nursing Home 105 Institutional Nursing Home 0

Certifications: None

LAKE MOULTRIE NURSING HOME NCF-0738 / 12/31/2009 88

1038 MCGILL LN Berkeley / Non-Profit Corporation

ST STEPHEN, SC 29479-1108 PO BOX 1108

DRIGGERS, JOANN C PH#: 843-567-2307 ST STEPHEN, SC 29479-1108 Fac. Cont. Email:JDRIGGERS@CLARENDONMEMORIAL.COM CLARENDON HOSPITAL DISTRICT

Licensed Beds Nursing Home 88 Institutional Nursing Home

Certifications: None

UNIHEALTH POST-ACUTE CARE OF MONCKS CORNER NCF-0943 / 10/31/2009 132

505 S LIVE OAK DR Berkeley / Ltd. Liability

MONCKS CORNER, SC 29461-1467 505 S LIVE OAK DR

HENSCHEL, THOMAS W PH#: 843-761-8368 MONCKS CORNER, SC 29461-3553

UNIHEALTH POST-ACUTE CARE OF MONCKS CORNER L L C Fac. Cont. Email: No Fac Cont. email on record

Licensed Beds Nursing Home 132 Institutional Nursing Home 0

Certifications: None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: Number Licensed Units 325

Number of Activities/Facilities licensed in county of Berkeley # Lics 3

3

County: Charleston

| Facility | Type: | Nursing | Home |
|----------|-------|---------|------|
|----------|-------|---------|------|

| Facility Name | License Nbr/Expiration Date |
|----------------------|-----------------------------|
| Location Street | County/Ownership Typ |
| Location City, State | Mailing/Billing Addres |
| Administrator/Phone | Licensee |

BISHOP GADSDEN EPISCOPAL HEALTH CARE CENTER NCF-0577 / 04/30/2009 50

THREE GADSDEN WAY Charleston / Non-Profit Corporation

CHARLESTON, SC 29412 ONE GADSDEN WAY

TRAWICK, C WILLIAM PH#: 843-762-3300 CHARLESTON, SC 29412

Fac. Cont. Email:LYDIA.CODY@BISHOPGADSDEN.ORG EPISCOPAL CHURCH HOME

Licensed Beds Nursing Home 41 Institutional Nursing Home

Certifications:None

DRIFTWOOD REHABILITATION AND NURSING CENTER NCF-0870 / 08/31/2009 160

2375 BAKER HOSPITAL BLVD Charleston / Ltd. Liability
NORTH CHARLESTON, SC 29405-8291 2375 BAKER HOSPITAL BLVD
THOMAS, JAMES G PH#: 843-744-2750 NORTH CHARLESTON, SC 29405

Fac. Cont. Email: JIM. THOMAS@THICARE.COM THI OF SOUTH CAROLINA AT CHARLESTON LLC

Licensed Beds Nursing Home 160 Institutional Nursing Home 0

Certifications:None

FRANKE HEALTH CARE CENTER NCF-0800 / 07/31/2009 44

1885 RIFLE RANGE RD Charleston / Corporation
MT PLEASANT, SC 29464-0000 1885 RIFLE RANGE RD
STOLL, SANDRA A PH#: 843-856-4700 MT PLEASANT, SC 29464

Fac. Cont. Email:SSTOLL@FRANKEATSEASIDE.ORG LUTHERAN HOMES OF SOUTH CAROLINA INC

Licensed Beds Nursing Home 24 Institutional Nursing Home 20

Certifications:None

GRACE HALL - REHABILITATION NCF-0926 / 12/31/2009 42

1010 LAKE HUNTER CIR

MT PLEASANT, SC 29464

DEFOOR, KENNETH E PH#: 843-388-2030

Fac. Cont. Email:No Fac Cont. email on record

Charleston / Corporation

1010 LAKE HUNTER CIR

MT PLEASANT, SC 29464

SAVANNAH GRACE HALLS L P

Licensed Beds Nursing Home 42 Institutional Nursing Home 0

Certifications:None

HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTERNCF-0413 / 12/31/2009

1137 SAM RITTENBERG BLVD Charleston / Limited Liability CHARLESTON, SC 29407-3370 1137 SAM RITTENBURG BLVD

MCDANIEL, WILLIAM J PH#: 843-763-0233 CHARLESTON, SC 29407

Fac. Cont. Email:531-ADMIN@HCR-MANORCARE.COM WEST ASHLEY REHABILITATION AND NURSING CENTER -

CHARLESTON SC LLC

Licensed Beds Nursing Home 99 Institutional Nursing Home 0

Certifications:None

Licensed Unit

County: Charleston

| county: charlescon | | |
|--|---|---------------|
| Facility Type: Nursing Home | | |
| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee | Licensed Unit |
| LIFE CARE CENTER OF CHARLESTON | NCF-0878 / 11/30/2009 | 148 |
| 2600 ELMS PLANTATION BLVD | Charleston / Ltd. Liability | |
| NORTH CHARLESTON, SC 29406-9180 | 2600 ELMS PLANTATION BLVD | |
| CLIETT, BETH A PH#: 843-764-3500 | NORTH CHARLESTON, SC 29406 | |
| Fac. Cont. Email:BETH_CLIETT@LCCA.COM | CHARLESTON MEDICAL INVESTORS L L C | |
| Licensed Beds Nursing Home 148 Institutiona | 1 Nursing Home 0 | |
| Certifications:Alzheimer Unit | | |
| MOUNT PLEASANT MANOR L L C | NCF-0896 / 05/31/2009 | 132 |
| 921 BOWMAN RD | Charleston / Ltd. Liability | |
| MT PLEASANT, SC 29464-3234 | 921 BOWMAN RD | |
| WHITE, BRUCE L PH#: 843-884-8903 | MT. PLEASANT, SC 29464 | |
| Fac. Cont. Email:BWHITE@MOUNTPLEASANTMANOR.COM | MOUNT PLEASANT MANOR L L C | |
| Licensed Beds Nursing Home 132 Institutiona | 1 Nursing Home 0 | |
| Certifications:None | | |
| NHC HEALTHCARE CHARLESTON | NCF-0871 / 09/30/2009 | 132 |
| 2230 ASHLEY CROSSING DR | Charleston / Limited Liability | |
| CHARLESTON, SC 29414-0000 | 2230 ASHLEY CROSSING DR | |
| ATKINSON, ANGELA PH#: 843-766-5228 | CHARLESTON, SC 29414 | |
| Fac. Cont. Email: ADM@TMCHARLESTON.COM | NHC HEALTHCARE - CHARLESTON LLC | |
| Licensed Beds Nursing Home 132 Institutiona | 1 Nursing Home 0 | |
| Certifications:None | | |
| SANDPIPER REHAB & NURSING | NCF-0876 / 08/31/2009 | 176 |
| 1049 ANNA KNAPP BLVD | Charleston / Corporation | |
| MT PLEASANT, SC 29464-3132 | 1049 ANNA KNAPP BLVD | |
| HADLEY, ERIC T PH#: 843-884-5735 | MT. PLEASANT, SC 29464 | |
| Fac. Cont. Email: EHADLEY@PREMIERSL.COM | SANDPIPER REHAB & NURSING LLC | |
| Licensed Beds Nursing Home 176 Institutiona | 1 Nursing Home 0 | |
| Certifications: None | | |
| WHITE OAK MANOR - CHARLESTON | NCF-0892 / 12/31/2009 | 176 |
| 9319 MEDICAL PLAZA DR | Charleston / Corporation | |
| NORTH CHARLESTON, SC 29406-9194 | 9319 MEDICAL PLAZA DR | |
| WALKER, RUTH P PH#: 843-797-8282 | NORTH CHARLESTON, SC 29406-9194 | |
| Fac. Cont. Email:RWALKER@WHITEOAKMANOR.COM | WHITE OAK MANOR - CHARLESTON INC | |
| · | 1 Nursing Home 0 | |
| Certifications:None | | |

County: Charleston

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

| Totals For Facility/License Type Nursing Home Number of Activities/Facilities licensed: 10 | Number Licensed Units 1,159 | |
|---|---|----|
| Number of Activities/Facilities licensed in county of | Charleston # Lics Number Licensed Units : 1,159 | 10 |

County: Colleton

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

132

HERITAGE HEALTHCARE OF WALTERBORO NCF-0949 / 10/31/2009

Colleton / Ltd. Liability

401 WITSELL ST

WALTERBORO, SC 29488-3052

WALTERBORO, SC 29488

401 WITSELL ST

STEPHENSON, REBECCA S PH#: 843-549-5546

Fac. Cont. Email:RESTEPHENSON@UHS-PRUITT.COM

HERITAGE HEALTHCARE OF WALTERBORO L L C

Licensed Beds Nursing Home 132 Institutional Nursing Home 0

Certifications:None

VETERANS VICTORY HOUSE NCF-0921 / 10/31/2009

220

2461 SIDNEYS RD Colleton / State WALTERBORO, SC 29488 2461 SIDNEYS RD

NEWTON, LEEANNE B PH#: 843-538-3000 WALTERBORO, SC 29488-6783

Fac. Cont. Email:LWH65@SCDMH.ORG SC DEPARTMENT OF MENTAL HEALTH

Licensed Beds Nursing Home 220 Institutional Nursing Home 0

Certifications: Alzheimer Unit

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:

Number Licensed Units

352

Number of Activities/Facilities licensed in county of Colleton # Lics 2

County: Dorchester

Facility Type: Nursing Home

Facility Name License Mbr/Expiration Date Location Street County/Ownership Typ Location City, State Mailing/Billing Addres

Administrator/Phone Licensee Licensed Unit

HALLMARK HEALTHCARE CENTER NCF-0932 / 09/30/2009

255 MIDLAND PKWY Dorchester / Ltd. Liability

SUMMERVILLE, SC 29485 255 MIDLAND PKWY

STINSON, DURENA PH#: 843-821-5005 SUMMERVILLE, SC 29485

Fac. Cont. Email:ADMIN.HASU.SC@PALMETTOLTC.COM PALMETTO HALLMARK OPERATING L L C

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

OAKBROOK HEALTH & REHABILITATION CENTER NCF-0923 / 09/30/2009 88

920 TRAVELERS BLVD Dorchester / Ltd. Liability

SUMMERVILLE, SC 29485 920 TRAVELERS BLVD
SIMMONS, TEDDIE PH#: 000-000-0000 SUMMERVILLE, SC 29485

Fac. Cont. Email: ADMIN.PR.SC@PALMETTOLTC.COM PALMETTO OAKBROOK OPERATING L L C

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

PRESBYTERIAN HOME OF SOUTH CAROLINA - SUMMERVILLE NCF-0202 / 04/30/2009 87

201 W 9TH NORTH ST, UNIT 140 Dorchester / Non-Profit Corporation SUMMERVILLE, SC 29483 201 W 9TH NORTH ST, CMR PO BOX 140

MILLER, ROBIN C PH#: SUMMERVILLE, SC 29483

Fac. Cont. Email:No Fac Cont. email on record PRESBYTERIAN HOME OF SOUTH CAROLINA INC

Licensed Beds Nursing Home 87 Institutional Nursing Home 0

Certifications:None

ST GEORGE HEALTHCARE CENTER NCF-0924 / 09/30/2009 88

905 DUKES ST Dorchester / Ltd. Liability

ST GEORGE, SC 29477-2059 905 DUKES ST

DAVIS, NITA J PH#: ST. GEORGE, SC 29477-2059

Fac. Cont. Email:No Fac Cont. email on record PALMETTO ST GEORGE OPERATING L L C

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: 4 Number Licensed Units 351

Number of Activities/Facilities licensed in county of Dorchester # Lics 4

8

Number Licensed Units: 351

County: Georgetown

| Facility | Type: | Nursing | Home |
|----------|-------|---------|------|
|----------|-------|---------|------|

Facility Name License Nbr/Expiration Date Location Street County/Ownership Typ Mailing/Billing Addres Location City, State Administrator/Phone

Licensed Unit Licensee

84

GEORGETOWN HEALTHCARE & REHAB INC NCF-0633 / 03/31/2009 (Renewal

2715 S ISLAND RD Georgetown / Corporation

GEORGETOWN, SC 29440 2715 S ISLAND RD

RABY, SHEILA W PH#: 843-546-4123 GEORGETOWN, SC 29440

Fac. Cont. Email: ADMIN@GEORGETOWNHEALTHCARE.NET GEORGETOWN HEALTHCARE & REHAB INC

Licensed Beds Nursing Home 84 Institutional Nursing Home 0

Certifications: None

LAKES AT LITCHFIELD SKILLED NURSING CENTER NCF-0843 / 12/31/2009 24

80 TIMBERVIEW CT Georgetown / Ltd. Liability PAWLEY'S ISLAND, SC 29585 120 LAKES AT LITCHFIELD DR MCKINSTRY, NANCY W PH#: 843-235-9393 PAWLEY'S ISLAND, SC 29585

Fac. Cont. Email:NMCKINSTRY@LAKES-LITCHFIELD.COM LITCHFIELD RETIREMENT L L C

Licensed Beds Nursing Home 17 Institutional Nursing Home

Certifications: None

NHC HEALTHCARE GARDEN CITY NCF-0825 / 10/31/2009 148

9405 HWY 17 BY-PASS, (INDIAN WELLS LOOP) Georgetown / Ltd. Liability

MURRELLS INLET, SC 29576 PO BOX 309

SHADOW, SHIRLEY B PH#: 843-650-2213 MURRELLS INLET, SC 29576 Fac. Cont. Email: REMSMOM@AOL.COM NHC HEALTHCARE/GARDEN CITY L L C

Licensed Beds Nursing Home 148 Institutional Nursing Home 0

Certifications: None

PRINCE GEORGE HEALTHCARE CENTER NCF-0930 / 09/30/2009 148

901 MAPLE ST Georgetown / Ltd. Liability

GEORGETOWN, SC 29440-4300 901 MAPLE ST

OTHMAN, MOHAMED PH#: 843-546-6101 GEORGETOWN, SC 29440

Fac. Cont. Email:No Fac Cont. email on record PALMETTO PRINCE GEORGE OPERATING L L C

Licensed Beds Nursing Home 148 Institutional Nursing Home 0

Certifications: Alzheimer Unit, Alzheimers Care

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: Number Licensed Units 404

Number of Activities/Facilities licensed in county of Georgetown # Lics 4

9

County: Horry

| councy. norry | | |
|---|---|---------------|
| Facility Type: Nursing Home | | |
| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee | Licensed Unit |
| AGAPE REHABILITATION OF CONWAY | NCF-0954 / 03/31/2010 | 72 |
| 2320 HWY 378 | Horry / Corporation | |
| CONWAY, SC 29527-4911 | 2320 HWY 378 | |
| STAUB, MATTHEW J PH#: 843-397-2273 | CONWAY, SC 29527-4911 | |
| Fac. Cont. Email:MATT@AGAPESENIOR.COM | AGAPE REHABILITATION OF CONWAY INC | |
| Licensed Beds Nursing Home 72 Institutiona | 1 Nursing Home 0 | |
| Certifications:None | | |
| CONWAY MANOR LLC | NCF-0899 / 05/31/2009 | 190 |
| 3300 FOURTH AVE | Horry / Ltd. Liability | |
| CONWAY, SC 29527-6002 | 3300 FOURTH AVE | |
| TILLER, RAYMOND G PH#: 843-248-5728 | CONWAY, SC 29527-6002 | |
| Fac. Cont. Email:RTILLER@CONWAYMANOR.NET | CONWAY MANOR LLC | |
| Licensed Beds Nursing Home 190 Institutiona | 1 Nursing Home 0 | |
| Certifications:None | | |
| COVENANT TOWERS HEALTH CARE | NCF-0469 / 08/31/2009 | 30 |
| 5001 LITTLE RIVER RD | Horry / Non-Profit Corporation | |
| MYRTLE BEACH, SC 29577-2478 | 5001 LITTLE RIVER RD | |
| HENDRICK, DEBBIE M PH#: 843-449-2484 | MYRTLE BEACH, SC 29577-2478 | |
| Fac. Cont. Email:CAROL@COVENANTTOWERS.COM | COVENANT TOWERS HOMEOWNERS ASSOCIATION | INC |
| Licensed Beds Nursing Home 30 Institutiona | 1 Nursing Home 0 | |
| Certifications:None | | |
| GRAND STRAND HEALTHCARE | NCF-0573 / 03/31/2010 | 88 |
| 4452 SOCASTEE BLVD | Horry / Corporation | |
| MYRTLE BEACH, SC 29588 | 4452 SOCASTEE BLVD | |
| BRANTON, HAROLD D PH#: 843-293-1137 | MYRTLE BEACH, SC 29588-7253 | |
| Fac. Cont. Email:NORMA29578@AOL.COM | GRAND STRAND HEALTHCARE INC | |
| Licensed Beds Nursing Home 88 Institutiona | 1 Nursing Home 0 | |
| Certifications:None | | |
| KINGSTON NURSING CENTER | NCF-0518 / 06/30/2009 | 88 |
| 2379 CYPRESS CIR | Horry / Non-Profit Corporation | |
| CONWAY, SC 29526 | PO BOX 1496 | |
| FOWLER, LAURA L PH#: 843-347-8179 | CONWAY, SC 29528 | |
| Fac. Cont. Email:LFOWLER@CMC-SC.COM | CONWAY HOSPITAL INC | |
| Licensed Beds Nursing Home 88 Institutiona | 1 Nursing Home 0 | |
| Certifications:None | | |

County: Horry

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Horry / Corporation

Licensed Unit

88

LORIS EXTENDED CARE CENTER NCF-0207 / 12/31/2009

3620 STEVENS ST Horry / District LORIS, SC 29569 3620 STEVENS ST JOHNSON, LINDA L PH#: 843-716-7106 LORIS, SC 29569

JOHNSON, LINDA L PH#: 843-716-7106 LORIS, SC 29569

Fac. Cont. Email:11JOHNSN@SCCOAST.NET LORIS COMMUNITY HOSPITAL DISTRICT

Licensed Beds Nursing Home 88 Institutional Nursing Home

Certifications:None

MYRTLE BEACH MANOR NCF-0829 / 01/31/2010 104

9547 HWY 17 N

MYRTLE BEACH, SC 29572 9547 HWY 17 N

BEARD, MICHAEL PH#: 843-449-5283 MYRTLE BEACH, SC 29572

Fac. Cont. Email:No Fac Cont. email on record FS TENANT POOL I TRUST

Licensed Beds Nursing Home 104 Institutional Nursing Home 0

Certifications: None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: 7 Number Licensed Units 660

Number of Activities/Facilities licensed in county of Horry # Lics 7

County: Jasper

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone

License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

88

RIDGELAND NURSING CENTER INC NCF-0553 / 08/31/2009

1516 GRAYS HWY

RIDGELAND, SC 29936

BOYLES, SHERI P PH#: 843-726-5581 Fac. Cont. Email:SBOYLES@RIDGELANDNC.COM Jasper / Corporation PO BOX 1570

RIDGELAND, SC 29936

RIDGELAND NURSING CENTER INC

Licensed Beds Nursing Home 88 Institutional Nursing Home

Certifications: None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed:

Number Licensed Units

88

Number of Activities/Facilities licensed in county of Jasper

Lics

Number Licensed Units:

88

Report Total

12

Total Number of Activities/Facilities licensed

36 Total Number Licensed Units 3,732